

SERVICE	LIMITATIONS
5.a. <u>Physician's Services</u> furnished in office, patient's home, hospital, skilled nursing intermediate care facility, hospital emergency room, birth center, renal dialysis facility (M.D. & D.O.) (Continued)	<p>9. Payment is limited to one (1) visit (e.g. office, home, hospital emergency room, clinic, inpatient care, nursing facility or Early Periodic Screening, Diagnosis, and Treatment (EPSDT)) per recipient per day per individual provider.</p> <p>10. Payment may be made to a physician who performs a surgical procedure on an inpatient basis and to one other practitioner who is responsible for the medical care of the patient.</p> <p>11. Payment to a physician for a visit includes payment for administering any injections of medication or vaccine.</p> <p>12. A physician may bill for pathological studies performed in the office only if the physician is licensed by the Department of Health and is enrolled in the Medical Assistance Program as an independent laboratory.</p> <p>13. Only one physician is eligible to receive payment for inpatient medical care provided on the same day.</p> <p>14. Training for home dialysis is limited to 24 per patient or partner.</p> <p>15. Dialysis procedures provided as back-up to home dialysis are limited to fifteen (15) per year.</p> <p>16. Payment for medically necessary clozapine support services is limited to one per week, regardless of the frequency or intensity of monitoring activities provided during each calendar week.</p> <p>Clozapine Support Services are services ordered and directed by a psychiatrist who determines they are medically necessary services for a person with a diagnosis of Schizophrenia to receive clozapine on an outpatient basis. These services are a group of discrete patient medical care functions performed by a psychiatrist or under the direction and supervision of a psychiatrist by a pharmacist, registered nurse, or physician assistant. The services provide for at least one face-to-face encounter with the patient each week. The support services are intended to assure collaborative, uninterrupted, and safe patient medical management.</p>

SERVICE	LIMITATIONS
5.a. <u>Physician's Services</u> furnished in office, patient's home, hospital, skilled nursing intermediate care facility, hospital emergency room, birth center, renal dialysis facility (M.D. & D.O.) (Continued)	<p>Clozapine support services are compensable for a period of time that the psychiatrist determines is medically necessary, but not to exceed a six calendar month period. If the psychiatrist determines that Clozapine support services continue to be medically necessary at the end of a six month eligibility period, the psychiatrist may reorder a new eligibility period. The maximum time period for each order shall not exceed six consecutive calendar months. The psychiatrist's original assessment and all reassessments of the person receiving clozapine must document the ongoing efficacy of the drug in treating the patient's Schizophrenia and the medical necessity for the support services.</p> <p>If a patient is discontinued from clozapine therapy, the patient remains eligible for clozapine support services on an outpatient basis for not less than four weeks or more than eight weeks after the drug therapy is stopped.</p> <p><u>Non-compensable services or items -</u></p> <ol style="list-style-type: none">1. A surgical procedure and an office visit for the same patient on the same day2. Removal of sutures and casts.3. Surgical, obstetrical or anesthesia services performed on an inpatient basis for a noncovered procedure or if the Department denies payment for the hospital stay.4. Local anesthesia.5. Procedures designated with an outpatient, "OP", indicator when provided on an inpatient basis unless the medical condition of the patient is such that to perform the procedure on an outpatient basis could result in undue risk to the life or health of the patient.

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LIMITATIONS

Physician's Services

furnished in office, patient's home, hospital, skilled nursing intermediate care facility, hospital emergency room, birth center, renal dialysis facility (M.D. & D.O.)
(Continued)

6. Surgical, medical diagnostic or therapeutic procedures performed for experimental, research or educational purposes.

7. Acupuncture, medically unnecessary surgery, insertion of penile prosthesis, gastroplasty for morbid obesity, gastric stapling or ileo-jejunal shunt - except when all types of treatment of morbid obesity have failed - and other procedures which are experimental or are not in accordance with standards of medical practice.

8. Clozapine support services that:

a. The psychiatrist determines are not medically necessary.

b. Are not ordered by a licensed psychiatrist.

c. Are provided to an eligible recipient during an inpatient hospital or nursing home stay excluding the day of admission or discharge.

d. Are home services other than those services required for drug monitoring of clozapine support services.

e. Are provided beyond the initial six calendar month period, unless, services are reordered and the medical necessity for services is documented by a psychiatrist.

f. Are prescribed for the treatment of mental illness other than Schizophrenia.

9. Any medical services, procedures, or pharmaceuticals related to treating infertility.

.b. Medical and surgical services furnished by dentist

1. The maximum allowable payment to a dentist for outpatient surgical procedures per recipient per day is \$500.

2. The maximum allowable payment to a dentist per recipient per hospitalization is \$1000.

SERVICE	LIMITATIONS
5.b. Medical and Surgical Services furnished by a Dentist (Continued)	3. Payment for two or more surgical procedures performed by the same dentist limited to 100% of the allowable fee for the highest procedure and 25% of the second highest paying procedure.
6. <u>Medical Care</u> and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law.	
6.a. Podiatrists' Services	<u>Limitations on payment</u> - The following limits apply to payment for compensable services: 1. Payment for debridement and treatment of mycotic nails is limited to one per month per recipient. 2. The maximum allowable payment to podiatrist per hospitalization per recipient is \$1000. 3. The maximum allowable payment to podiatrist for outpatient services per recipient during one day is \$500. 4. Payment is limited to one (1) visit (e.g. office, home, inpatient care, or nursing facility) per recipient per day per individual provider. 5. Payment for surgical services includes the inpatient preoperative care and all post operative care in the hospital and outpatient visits during the number of post-operative days specified for each procedure code in the Medical Assistance Program Fee Schedule. Additional payment will be made for visits made for treatment of a medical or surgical condition if the diagnosis is different and unrelated to the surgery.

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6.a. Podiatrists' Services
(Continued)

6. Payment for two or more surgical procedures performed by the same podiatrist is limited to 100% of the allowable fee: the highest paying procedure and 25% of the second highest paying procedure.

7. Payment is made to only one podiatrist for a particular service or procedure and all services must be billed in the name of the podiatrist providing the service.

8. Payment for an office visit includes payment for any injection of medication or local anesthesia.

9. Payment for x-rays of foot and ankle is limited to a maximum of \$19.00 per limb.

Noncompensable services and items - no payment is made to any podiatrist for the following services.

1. Fabricating or dispensing orthopedic shoes, shoe inserts and other supportive devices for the feet.

2. Casting for shoe inserts.

3. Medical or surgical services performed on an inpatient basis that could have been performed in the podiatrist's office or the emergency room, without endangering the life or health of the patient.

4. Procedures designated with an outpatient, "OP", indicator when provided on an inpatient basis unless the medical condition of the patient is such that to perform the procedure on an outpatient basis could result in undue risk to the life or health of the patient.

5. Medical or surgical services performed on an inpatient basis for a noncovered procedure, or if the Department denies payment for the hospital stay.

6. A surgical procedure and an office visit for the same patient on the same day.

7. Removal of sutures and casts.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: COMMONWEALTH OF PENNSYLVANIA
DESCRIPTIONS OF LIMITATIONS

ATTACHMENT
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SERVICE	LIMITATIONS
6.a. Podiatrists' Services (Continued)	8. Treatment of flat foot. 9. Treatment of subluxations of the foot. 10. Routine foot care, including the cutting or removal of corns, callouses, trimming of nails and other routine hygienic care. 11. Physical therapy. 12. Diagnostic or therapeutic procedures for experimental, research or educational purposes.

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State/Territory: COMMONWEALTH OF PENNSYLVANIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

☒ Provided: ☐ No Limitations ☒ With Limitations*
☐ Not Provided.

c. Chiropractors' services.

☒ Provided: ☐ No Limitations ☒ With Limitations*
☐ Not Provided.

d. Other practitioners' services.

☐ Provided: Identified on attached sheet with description of
limitations, if any.
☒ Not provided.

7. Home health services.

- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: ☐ No limitations ☒ With limitations*

- b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations*

- c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No Limitations ☒ With Limitations*
☐ Not Provided.

8. Private duty nursing services.

☒ Provided: ☐ No Limitations ☒ With Limitations*
☐ Not Provided.

*Description provided on attachment.

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LIMITATIONS

6. Medical Care (Continued)

6.b. Optometrists' Services

Limitations on payment - The following limits apply to payment for compensable services:

1. Vision examinations are limited to two per year.

2. Eyeglasses - limited to individuals under 21 years of age. For these individuals the limit is one (1) full pair or two (2) lenses per 12 month period for persons referred through the School Medical Program or the EPSDT Program.

6.c. Chiropractors' Services

Limitations on payment - The following limits apply to payment for compensable services:

1. Services must be provided by a chiropractor who is licensed by the State and meets the standards under 42 CFR 405.232(b).

2. Services must consist of either an evaluation by means of examination or treatment by means of manual manipulation of the spine to adjust misaligned or displaced vertebrae.

3. One visit per recipient per day per individual chiropractor.

Noncompensable services and items - No payment is made for x-rays performed by a chiropractor.

SERVICE	LIMITATIONS
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7. Home Health Services

- 7.a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Limitations on payment - The following limits apply to payment for compensable services:

1. The services are ordered by the attending physician and included in the plan of treatment established by the recipient's attending physician.
2. Except for maternal/child service, the attending physician certifies that the recipient is homebound and as part of the treatment plan review certifies that the recipient continues to remain homebound.
3. After 28 days of unlimited visits, payment is limited to 15 visits per month per treatment plan regardless of the caregiver.
4. Payment for prenatal care is limited to one visit per month.

- 7.b. Home health aide services provided by a home health agency.

Limitations on payment - The following limits apply to payment for compensable services:

Payment is subject to the same limitations as listed in item 7a.